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Haynes and Boone, LLP  
901 Main Street, Suite 3100  
Dallas, Texas 75202-3789  
Phone: (214) 651-5000  
Fax: (214) 651-5940  
www.haynesboone.com

Date: Monday, February 06, 2006 6:21:34 PM

Total Pages Including Cover: 28

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To: Examiner Charles Richard                      Company: USPTO  
Fax: 1 571 273 8300                      Telephone: 571 272 8502  
Client/Matter: 30545.                      56

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From: Randall C. Brown  
Direct Telephone: 214-651-5242  
Direct Fax: 214-200-0802

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Message:

APPLICANT: DIEDERIK VAN BATENBURG, ET AL.  
APPLICATION NO.: 10/713,796  
FILING DATE: NOVEMBER 13, 2003  
FOR: FORMATE BASED LIQUID GEL CONCENTRATES  
GROUP ART UNIT: 1712  
CONFIRMATION NO.: 4250  
EXAMINER: CHARLES R. RICHARD

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Haynes and Boone, LLP  
Attorneys and Counselors  
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Dallas, Texas 75202-3789  
Phone: (214) 651-5000  
Fax: (214) 651-5940  
www.haynesboone.com

Date: February 6, 2006

Total Pages Including Cover:

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To: Examiner Charles R. Richard Company: USPTO  
Fax: 1 571 273 8300 Telephone:  
Client/Matter: 30545.56

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From: Randall C. Brown ID No.: 8217  
Direct Telephone: 214-651-5242  
Direct Fax: 214-200-0853  
Email Address: randall.brown@haynesboone.com

Should you have any problem with this transmission, please call: 214 651 5242

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Message:

Applicant: Diederik van Batenburg, et al.  
Application No.: 10/713,796  
Filed: November 13, 2003  
For: FORMATE BASED LIQUID GEL CONCENTRATES  
Group Art Unit: 1712  
Confirmation No.: 4250  
Examiner: Charles R. Richard

D-1411379

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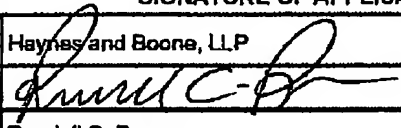
PTO/SB/21 (09-04)

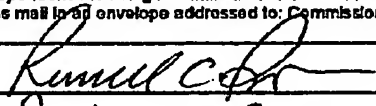
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/713,796
	Filing Date	November 13, 2003
	First Named Inventor	Diederik van Batenburg, et al.
	Art Unit	1712
	Examiner Name	Charles R. Richard
Total Number of Pages in This Submission	Attorney Docket Number	HES 2002-IP-007262

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Haynes and Boone, LLP	
Signature		
Printed name	Randall C. Brown	
Date	2/6/06	Reg. No. 31,213

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Randall C. Brown	Date 2/6/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** 120.00

Complete if Known	
Application Number	10/713,796
Filing Date	November 13, 2003
First Named Inventor	Dieterik van Batenburg, et al.
Examiner Name	Charles R. Richard
Art Unit	1712
Attorney Docket No.	HES 2002-IP-007282

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 08-1394 Deposit Account Name: Haynes and Boone, LLP

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      **Fee (\$)**      **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Inden. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

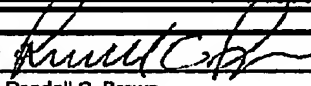
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: One month Extension of Time (37 CFR 1.17(a)(1))      **Fee Paid (\$)**

**\$120.00**

**SUBMITTED BY**

Signature		Registration No. 31,213 (Attorney/Agent)	Telephone 214-651-5242
Name (Print/Type)	Randall C. Brown	Date	2/6/06

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